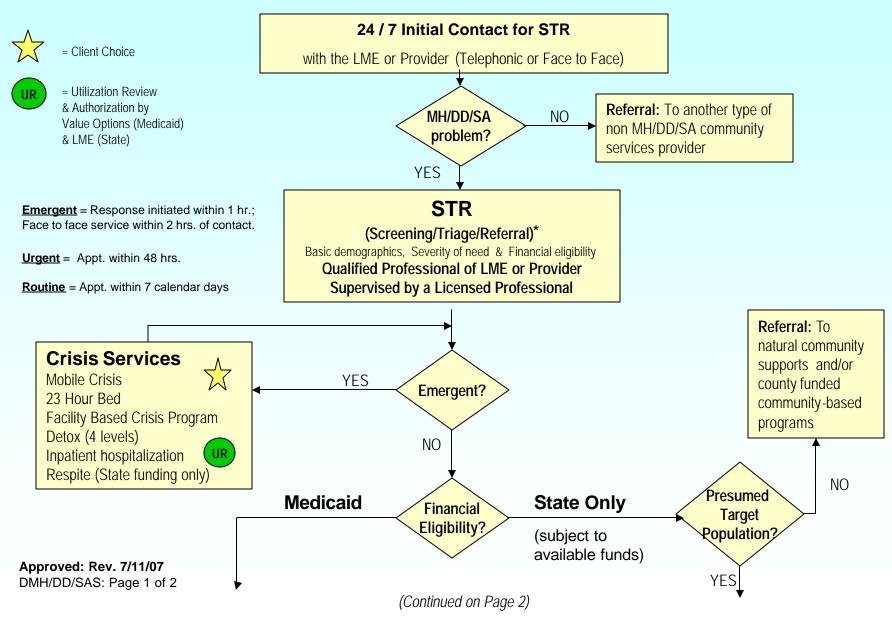
ACCESSING CARE: A Flow Chart for New Medicaid and New State Funded Consumers



ACCESSING CARE: A Flow Chart for New Medicaid and New State Funded Consumers, continued Presumed Medicaid **State Only** NO - see page 1 Financial **Target** Eligibility? (subject to Population? available funds) YES **Outpatient Visits including** Comprehensive Clinical Assessment ** Referral to a Clinical Home Provider *** Medicaid: 8 adult/26 child unmanaged visits; prior authorization For Comprehensive Clinical Assessment ** and Service required for additional visits. Note: MM (90862) visits are not -Intensive In-Home (IIH) counted toward 8/26 visits. UR -Multisystemic Therapy (MST) State: As authorized by LME -Assertive Community Treatment Team (ACTT) -Community Support Team (CST) -SA Intensive Outpatient Program (SAIOP) -SA Comprehensive Outpatient Treatment (SACOT) All Other Medicaid and State -Targeted Case Management (8 hours unmanaged - Medicaid) (TCM) Funded MH/DD/SA Services -Community Support-Children/Adolescents (8 hours unmanaged -Medicaid) (CS) -Community Support-Adults (8 hours unmanaged - Medicaid) (CS) Medicaid: as authorized by ValueOptions State: as authorized by LME UR UR Medicaid: as authorized by ValueOptions State: as authorized by LME **Comprehensive Clinical Assessment **Frequently Used Codes:** ***Clinical Home Provider Diagnostic Assessment: T1023 Qualified Professional Evaluation/Intake: 90801, 90802 PCP (& Crisis Plan) Assessment: H0001, H0031 ITR / ORF2/CTCM Psychological Testing: Consumer Admission Form 96101, 96110, 96111, 96116, 96118 NC-TOPPS & NC-SNAP Evaluation & Management (E/M) Codes State Substance Abuse Assessment: YP830, YP836 First Responder Comprehensive Clinical Assessment Note: This is a non-inclusive list.

*At a minimum, an Urgent response is required for SA consumers.

EPSDT is considered through the process.

Approved: Rev. 7/11/07

DMH/DD/SAS: Page 2 of 2